

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U- <u>6054</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Louie</u> <u>A</u> <u>Wright</u> P.O. Box, Bldg., Room No., if any _____ Street <u>605 East 122nd Terrace</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64145</u>	4. Name, file number, and address of labor organization. Name <u>International Association of Fire Fighters</u> Labor Organization File Number <u>000-317</u> P.O. Box, Building and Room Number, if any _____ Street <u>1750 New York Avenue, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>District Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>07/14/2005</u> Date	<u>816.358.4222 Ext. 14</u> Telephone Number

Name of Person Filing Louie Wright

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Woodley & McGillivray

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1125 15th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20005

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

IAFF General Counsel

11.b. Approximate dollar value of such dealing.

\$1,073,225

12.a. Nature of interest held or income received.

Dinner & Christmas Basket

12.b. Amount.

\$171

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Clark Blizzard

Trade Name, if any: NorthWind Marketing

P.O. Box, Bldg., Room No., if any

Street 211 North 1st Street, Suite 325

City Minneapolis

State Minnesota ZIP Code + 4

14.a. Nature of payment.

Dinner

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

\$85

Name of Person Filing Louie Wright

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Union Shop Apparel, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 7400 East 12th Street

City Kansas City

State Missouri ZIP Code + 4 64126

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides Logo Apparel

11.b. Approximate dollar value of such dealing.

\$109,000

12.a. Nature of interest held or income received.

Stockholder/Owner

12.b. Amount.

\$477

Name of Person Filing Louie Wright

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Principal Global Investors

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 12800 Corporate Hills Drive, S-350

City St. Louis

State Missouri ZIP Code + 4 63131

14.a. Nature of payment.

2 Dinners

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$150

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Nationwide Retirement Solutions

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Nationwide Plaza

City Columbus

State Ohio ZIP Code + 4 43215

14.a. Nature of payment.

2 Dinners & 1 Lunch

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$130

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Louie Wright

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Muscular Dystrophy Association

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 9200 Ward Parkway, Suite 350

City Kansas City

State Missouri ZIP Code + 4 64114

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Favored Charity

11.b. Approximate dollar value of such dealing.

\$36,135

12.a. Nature of interest held or income received.

Room Upgrade @ 2nd District MDA Get-A-Way Weekend

12.b. Amount.

\$250